## MULTIPLE DEX DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/53/251

FILING DATE

APPLICANT(S

## CLAIMS

<b></b>											
	AS FILED			AFTER 1"AMENDMENT		AFTER 2 - AMENDMENT					
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TOTAL CLAIMS	1										

PTO - 1360 (REV. 11/04)

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TOTAL IND.		#		#		#	
TOTAL DEP.		<b>4</b>		<b>+</b>		<b>(-</b>	
TOTAL CLAIMS							
		U.S. DEPAR	TMENT of C	OMMERCE			

U.S. DEPARTMENT of COMMERCE
Patent and Trademark Office